

**CSA Farm Share Program: 2007
Housing Site Contact Information Form**

Site Information (Verify site information and add additional information as indicated.)

Name of Site: _____	Shares Requested _____
Site Locality: _____	County: _____
Total # Residents On-site: _____	Total # Residents 60+ years old: _____
Directions to Your Site: _____	

Coordinator Contact Information (Verify existing information and provide additional information as indicated.)

Site Coordinator: _____	Telephone: _____
Email: _____	FAX #: _____
Mailing Address: _____	
Alternate Contact Person: _____	Telephone: _____
Alternate's Email: _____	FAX #: _____

Mail completed form to: **Amy Nickerson, MS, RD**
 Department of Disabilities, Aging & Independent Living
 103 South Main St., Weeks Building
 Waterbury, VT 05671-1601

Or Fax to: (802) 241-4224